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UTILITY
PATENT APPLICATION
TRANSMITTAL

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Attorr	ney Docket No.	AVERP2822US	000	
First I	nventor	Sandt	ω. 00	
Title	LIVESTOCK	SECURITY TAG	ASSEM	X

EF297166607US

Chily for new floriprovisio	nal applications under 37 CFR 1.53(0))	press	Mail Label N	0. 222	710000	
APPLICATION ELEMENTS			ADD	RESS TO:	Box Pat	tent Applic	
See MPEP chapter 600 concerning utility patent application contents. Washington, DC 202					20231		
1.					rge table or Submission Submission Submission Ton Parts Adocument(s)) Power of Attorney Attorney Fapplicable Copies of IDS Citations Copies of IDS Citations Copies of IDS Citations Copies of IDS Citations Copies of IDS Citations		
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Name	Heidi A. Boehlefeld						
	Renner, Otto, Boisselle, & S	klar, L.l	∠.P.				
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City	Cleveland	Sta	ite (OH		Zip Code	_e 44115
Country	USA	Telepho	ne (216)621-111	3	Fax	(216)621-6165
Name (Print/Type)	Heidi A. Boehlefeld		Regi	stration No. (A	ttorney/A	gent)	34,296
Signature	Heidi a Boehlig	hed	۰			oate 01/1	0/01

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

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Application Number	EF297166607US	o CO		
Filing Date	January 10, 2001			
First Named Inventor	Sandt	N. TU		
Examiner Name				
Group Art Unit				
Attorney Docket No.	AVERP2822US	× =		

METHOD OF PAYMENT	FEE CALCULATION (continued)				
1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:	3. ADDITIONAL FEES				
indicated fees and credit any overpayments to: Deposit	Large Entity Small Entity Fee Fee Fee Fee Fee Description	n Foo Doid			
Account 18-0988	Code (\$) Code (\$)				
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Account Name Renner, Otto, Boisselle, & Sklar	127 50 227 25 Surcharge - late provisional fil cover sheet	ing fee or			
Charge Any Additional Fee Required Under 37 CFR 1 16 and 1 17	139 130 139 130 Non-English specification				
Applicant claims small entity status.	147 2,520 147 2,520 For filing a request for ex pan				
See 37 CFR 1 27	112 920* 112 920* Requesting publication of SIR Examiner action	prior to			
2. Payment Enclosed: Check Credit card Money Order Other	113 1,840* 113 1,840* Requesting publication of SIF Examiner action	after			
FEE CALCULATION	115 110 215 55 Extension for reply within firs	t month			
1. BASIC FILING FEE	116 390 216 195 Extension for reply within sec	ond month			
Large Entity Small Entity	117 890 217 445 Extension for reply within thin	d month			
Fee Fee Fee Fee Description	118 1,390 218 695 Extension for reply within fou	rth month			
404 740 004 055 11414-611-65-	128 1,890 228 945 Extension for reply within fifth	month			
100 710 201 355 Utility filling fee 710.00	119 310 219 155 Notice of Appeal				
107 490 207 245 Plant filing fee	120 310 220 155 Filing a brief in support of an	appeal			
108 710 208 355 Reissue filing fee	121 270 221 135 Request for oral hearing	ļ			
114 150 214 75 Provisional filing fee	138 1,510 138 1,510 Petition to institute a public us	se proceeding			
	140 110 240 55 Petition to revive - unavoidable	e			
SUBTOTAL (1) (\$) 710.00	141 1,240 241 620 Petition to revive - unintention	ıal			
2. EXTRA CLAIM FEES	142 1,240 242 620 Utility issue fee (or reissue)				
Fee from Extra Claims <u>below</u> Fee Pai	143 440 243 220 Design issue fee				
Total Claims 40 -20** = 20 × 18 = 360	144 600 244 300 Plant issue fee				
Independent 3 - 3** = 0 X = 0	122 130 122 130 Petitions to the Commissione	r			
Multiple Dependent	123 50 123 50 Petitions related to provisiona	l applications			
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Large Entity Small Entity Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	581 40 581 40 Recording each patent assign property (times number of pro				
103 18 203 9 Claims in excess of 20	146 710 246 355 Filing a submission after fınal (37 CFR § 1.129(a))	rejection			
102 80 202 40 Independent claims in excess of 3 104 270 204 135 Multiple dependent claim, if not paid	149 710 249 355 For each additional invention examined (37 CFR § 1.129(I				
109 80 209 40 ** Reissue independent claıms over original patent	179 710 279 355 Request for Continued Exam	ination (RCE)			
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	169 900 169 900 Request for expedited exami of a design application	nation			
SUBTOTAL (2) (\$) 360.00 Other fee (specify)					
**or number previously paid, if greater; For Reissues, see above	Reduced by Basic Filing Fee Paid SUBTOTA	L (3) (\$)			
SUBMITTED BY Complete (if applicable)					
Name (Print/Type) Heidi A. Boehlefeld	Registration No. (Attorney/Agent) 34,296 Telephone	T			
Signature Reid a Bolh Acid	Date	01/10/01			

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